

RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

(Reference: OSHA Regulations (Standards - 29 CFR), Section 1910.134, appendix C, OSHA Respirator Medical Evaluation Questionnaire (Mandatory))

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority	50 USC 402 note and 5 USC 7901
Principal Purpose	To manage the Respirator Protection Program.
Routine Uses	To collect information on any employee selected to use any type of respirator.
Disclosure	Disclosure of this information is voluntary; however, failure to furnish the requested information may preclude your participation in, or may result in your removal from, the Respiratory Protection Program.

To the Employer	Answers to all questions in Section I and to question 21 in Section II, Part A, do not require a medical examination.
To the Employee	Can you read? <input type="checkbox"/> Yes <input type="checkbox"/> No Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your questions, and your employer must not tell you how to deliver or send this questionnaire to the health care professional who will review it.

PART A - SECTION I (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator (please print)

1. Name (Last, First, MI)		2. Date		3. Age (to nearest year)		4. Sex		5. Height ft. in.	
6. Weight lbs.		7. Job title		8. Contact phone number ()		9. Best time to be contacted		10. Has your employer told you how to contact the health care professional who will review this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Type(s) of respirators you will use (if you will use both types, place an "X" in both boxes) <input type="checkbox"/> N, R, or P disposable respirator (filter mask, non-cartridge type only) <input type="checkbox"/> Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, and self-contained breathing apparatus)									
12. Have you ever worn a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what types?									

PART A - SECTION II (Mandatory)

Questions 13-21 must be answered by every employee who has been selected to use any type of respirator.	Yes	No		Yes	No
13. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?			k. Wheezing		
			l. Wheezing that interferes with your job		
14. Have you <i>ever had</i> any of the following conditions?			m. Chest pain when you breathe deeply		
a. Seizures (fits)			n. Any other symptoms that you think may be related to lung problems		
b. Diabetes (sugar disease)			17. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
c. Allergic reactions that interfere with your breathing			a. Heart attack		
d. Claustrophobia (fear of closed-in places)			b. Stroke		
e. Trouble smelling odors			c. Angina		
15. Have you <i>ever had</i> any of the following pulmonary or lung problems?			d. Heart failure		
a. Asbestos			e. Swelling in your legs or feet (not caused by walking)		
b. Asthma			f. Heart arrhythmia (heart beating irregularly)		
c. Chronic bronchitis			g. High blood pressure		
d. Emphysema			h. Any other heart problem that you have been told about		
e. Pneumonia			18. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?		
f. Tuberculosis			a. Frequent pain or tightness in your chest		
g. Silicosis			b. Pain or tightness in your chest during physical activity		
h. Pneumothorax (collapsed lung)			c. Pain or tightness in your chest that interferes with your job		
i. Lung cancer			d. In the past 2 years, have you noticed your heart skipping or missing a beat		
j. Broken ribs			e. Heartburn or indigestion that is not related to eating		
k. Any chest injuries or surgeries			f. Any other symptoms that you think may be related to heart or circulation problems		
l. Any other lung problem that you have been told about			19. Do you <i>currently take</i> medication for any of the following problems?		
16. Do you <i>currently have</i> any of the following symptoms of pulmonary or lung illness?			a. Breathing or lung problems		
a. Shortness of breath			b. Heart trouble		
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline			c. Blood pressure		
c. Shortness of breath when walking with other people at an ordinary pace on level ground			d. Seizures (fits)		
d. Have to stop for breath when walking at your own pace on level ground			20. If you have used a respirator, have you <i>ever had</i> any of the following problems? (If you have never used a respirator, place an "X" in the following box and go to question 21.) <input type="checkbox"/>		
e. Shortness of breath when washing or dressing yourself			a. Eye irritation		
f. Shortness of breath that interferes with your job			b. Skin allergies or rashes		
g. Coughing that produces phlegm (thick sputum)			c. Anxiety		
h. Coughing that wakes you early in the morning					
i. Coughing that occurs mostly when you are lying down					
j. Coughing up blood in the last month					

	Yes	No		Yes	No
d. General weakness or fatigue			21. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?		
e. Any other problem that interferes with your use of a respirator					
Questions 22-27 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary. If you have NOT been selected to use a full-facepiece respirator or SCBA, place an "X" in the following box. <input type="checkbox"/>					
	Yes	No		Yes	No
22. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?			27. Do you <i>currently have</i> any of the following musculoskeletal problems?		
23. Do you <i>currently have</i> any of the following vision problems?			a. Weakness in either of your arms, hands, legs or feet		
a. Wear contact lenses			b. Back pain		
b. Wear glasses			c. Difficulty fully moving your arms and legs		
c. Color blind			d. Pain or stiffness when you lean forward or backward at the waist		
d. Any other eye or vision problem			e. Difficulty fully moving your head up or down		
24. Have you <i>ever had</i> an injury to your ears, including a broken ear drum?			f. Difficulty fully moving your head side to side		
25. Do you <i>currently have</i> any of the following hearing problems?			g. Difficulty bending at your knees		
a. Difficulty hearing			h. Difficulty squatting to the ground		
b. Wearing a hearing aid			i. Climbing a flight of stairs or a ladder carrying more than 25 lbs		
c. Any other hearing or ear problem			j. Any other muscle or skeletal problem that interferes with using a respirator		
26. Have you <i>ever had</i> a back injury?					
PART B - SECTION II					
At the discretion of the health care professional reviewing this questionnaire, you may be asked to answer some or all of the questions in this part.					
	Yes	No		Yes	No
28a. In your present job, are you working at high altitudes (over 5000 feet), or in a place that has lower than normal amounts of oxygen?			32. List your previous occupations.		
28b. If you answered "Yes" to question 28a, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?					
29a. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example, gases, fumes or dust), or have you come into skin contact with hazardous chemicals?					
29b. If you answered "Yes" to question 29a, name the chemicals if you know them.			33. List your current and previous hobbies.		
30. Have you ever worked with any of the materials, or under any of the conditions, listed below?					
a. Asbestos					
b. Silica (for example, in sandblasting)			34a. Have you ever been in the military services?		
c. Tungsten or cobalt (for example, grinding or welding either of these materials)			34b. If you answered "Yes," to question 34a, were you exposed to biological or chemical agents (either in training or combat)?		
d. Beryllium			35. Have you ever worked on a HAZMAT team?		
e. Aluminum			36a. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?		
f. Coal (for example, in mining)			36b. If you answered "Yes," to question 36a, name the medications if you know what they are.		
g. Iron					
h. Tin					
i. Dusty environments			37. Will you be using any of the following items with your respirator(s)?		
j. Any other hazardous exposures. If "Yes," describe these exposures.			a. HEPA filters		
31. List any second jobs or side businesses you have.			b. Canisters (for example, gas masks)		
			c. Cartridges		
			38. How often are you expected to use the respirator(s)?		
		a. Escape only (no rescue)			
		b. Emergency rescue only			

	Yes	No		Yes	No
c. Less than 5 hours <i>per week</i>			44. Describe any special or hazardous conditions you might encounter when using respirator(s). (For example, confined spaces or life-threatening gases.)		
d. Less than 2 hours <i>per day</i>					
e. 2 to 4 hours per day					
f. Over 4 hours per day					
39. During the period you are using the respirator(s), is your work effort--					
a. <i>Light</i> (less than 200 kcal per hour)? If "Yes," how long does this period last during the average shift? ____ hrs. ____ min. Examples of a light work effort are <i>sitting</i> while writing, typing, drafting, or performing light assembly work; or <i>standing</i> while operating a drill press (1-3 lbs.) or controlling machines.			45. Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are using your respirator(s):		
b. <i>Moderate</i> (200 to 350 kcal per hour)? If "Yes," how long does this period last during the average shift? ____ hrs. ____ min. Examples of a moderate work effort are <i>sitting</i> while nailing or filing; <i>driving</i> a truck or bus in urban traffic; <i>standing</i> while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; <i>walking</i> on a level surface about 2 mph or down a 5-degree grade about 3 mph; or <i>pushing</i> a wheelbarrow with a heavy load (about 50 lbs.)			a. Name of the toxic substance	Exposure per shift	
			b. Est. max level	c. Duration	
c. <i>Heavy</i> (above 350 kcal per hour)? If "Yes," how long does this period last during the average shift? ____ hrs. ____ min. Examples of a heavy work are <i>lifting</i> a heavy load (above 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; <i>shoveling</i> ; <i>standing</i> while bricklaying or chipping castings; <i>walking</i> up an 8-degree grade about 2 mph; <i>climbing</i> stairs with a heavy load (about 50 lbs.)					
40a. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?			d. The names of any other toxic substances that you will be exposed to while using your respirator.		
40b. If you answered "Yes," to question 40a, describe this protective clothing and/or equipment.			46. Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue and security).		
41. Will you be working under hot conditions (temperature exceeding 77 degrees Fahrenheit)?					
42. Will you be working under humid conditions?					
43. Describe the work you will be doing while using the respirator(s).					
Printed name of the individual who completed this form			Signature of the individual who completed this form		Date